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APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
09/777,473	02/06/2001	Ervin F. Johnston	

CONFIRMATION NO. 8971

FORMALITIES LETTER



OC00000005867102

Ervin F. Johnston
1904 Ventana Way
El Cajon, CA 92020

Date Mailed: 03/15/2001

NOTICE TO FILE CORRECTED APPLICATION PAPERS

Filing Date Granted

This application has been accorded an Application Number and Filing Date. The application, however, is informal since it does not comply with the regulations for the reason(s) indicated below. Applicant is given TWO MONTHS from the date of this Notice within which to correct the informalities indicated below. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a)

The required item(s) identified below must be timely submitted to avoid abandonment:

- Substitute drawings in compliance with 37 CFR 1.84 because:
 - drawing sheets do not have the appropriate margin(s) (see 37 CFR 1.84(g)). Each sheet must include a top margin of at least 2.5 cm. (1 inch), a left side margin of at least 2.5 cm. (1 inch), a right side margin of at least 1.5 cm. (5/8 inch), and a bottom margin of at least 1.0 cm. (3/8 inch);

*A copy of this notice **MUST** be returned with the reply.*

Customer Service Center
Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

ERVIN F. JOHNSTON

Serial No.: 09/777,473

Filed: February 6, 2001

For: Automated Bill Paying System

Group Art Unit: Unknown

Examiner: Unknown

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

RESPONSE

In response to a "Notice to File Corrected Application Papers" dated 3/15/01, a copy of which is forwarded herewith, please accept the accompanying substitute nine (9) sheets of drawings showing Figs. 1-10 with corrected margins as substitute for the former nine (9) sheets of drawings showing Figs. 1-10.

Should there be any questions regarding this response please contact the undersigned.

Respectfully submitted,


Ervin F. Johnston

Telephone: (619) 334-5883 Fax: (61) 448-1904

Please type a plus (+) sign inside this box -




03CO

PTO/SB/21 REV 1 (12/97)

Approved for use through 09/30/2000. omb 0651-0032

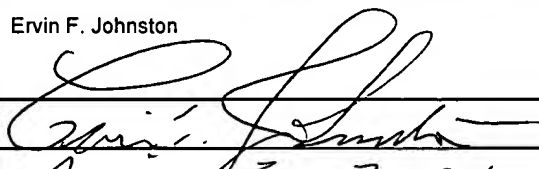
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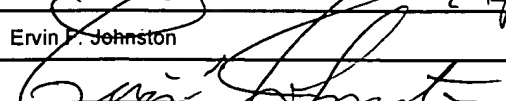
 TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/777,473	
	Filing Date	February 6, 2001	
	First Named Inventor	Ervin F. Johnston	
	Examiner Name	unknown	
	Group Art Unit	unknown	
Total Number of Pages in This Submission	12	Attorney Docket Number	none

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> 9 Substitute Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Checklist and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney, Revocation	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO Form 1449 <input type="checkbox"/> (no.) cited references	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> PTO NOTICE
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> POSTCARD
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks:	
<input type="checkbox"/> PTO Form 1533		
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Ervin F. Johnston
Signature	
Date	April 13, 2001

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: <u>April 13, 2001</u>			
Typed or printed name	Ervin F. Johnston		
Signature		Date	4/13/01